

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540846

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15	1	0				
16		0				
17		0				
18		0				
19		0				
20		0				
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34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42			1			
43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				0		
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56				1		
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	2	←	
TOTAL CLAIMS				13		
				15		